



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Michael J. Kasper, Treasurer
Democratic Party of Illinois
P.O. Box 518
Springfield, IL 62705

JUN 20 2001

Identification Number: C00167015

Reference: 30 Day Post-General Report (10/19/00-11/27/00)

Dear Mr. Kasper:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule B supporting Line 29 (pertinent portion(s) attached) discloses \$4,635.36 in disbursements to "reallocation transfer to pay 50% printing & Postage - Ryan". You are advised that 11 CFR §102.5 prohibits a non-federal account from financing activity in connection with federal elections. Please provide clarifying information regarding these transactions including the date(s) when the original activity was conducted by the non-federal account. In addition, if any of the disbursements disclosed on Schedule B supporting Line 29 were made to influence the election or defeat of specific federal candidates, the disbursements should be allocated accordingly and disclosed as either in-kind contributions on Schedule B supporting Line 23, or as coordinated expenditures on Schedule F supporting Line 25. 11 CFR §§104.3(b)(3) and 106.1

Although the Commission may initiate legal action regarding the activities conducted by your non-federal account, any clarifying information that you can provide will be taken into consideration.

-The totals listed on Lines 11(c), 11(d) and 18, Column B of the Detailed Summary Page(s) appear to be incorrect. Please be advised that you should add the "Calendar Year-to-Date" total from your previous report to the current "Total This Period" figure from Column A to derive the correct

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Column B totals. Please amend your report and any subsequent reports that may be affected by this correction.

-Your report discloses an allocated disbursement to "Philippine Weekly" with a federal share of -\$5,700.00. Please note that Schedule H4 supporting Line 21(a) of the Detailed Summary Page should only reflect positive outlays of funds. Please amend your report to clarify the nature of this negative figure.

-The Detailed Summary Page, on Line 18 Column A of your report, discloses \$2,624,575.72 in transfers from the non-federal account for joint activity for the reporting period. However, Line 21 (a)(ii) Column A discloses \$2,177,176.95 as the non-federal share for joint activity for the reporting period. While the non-federal account is permitted to transfer funds to the federal account for shared activity, transfers for shared activity must be made within a 70-day time period: no more than 10 days before or 60 days after the payment to the vendor. 11 CFR §§106.5(g)(2) and 106.6(e)(2) Please clarify the nature of the transfers-in from the non-federal account.

The Commission recommends that you immediately transfer back to the non-federal account, the total excessive amount which was received by your federal account outside the 70-day time period. Although the Commission may take further legal action concerning this prohibited activity, your prompt action will be taken into consideration.

-On Schedule H3 supporting Line 18 of the Detailed Summary Page, you have failed to provide a breakdown of transfers received by the federal account. Please amend your report to include the missing information.

-Schedule H4 of your report discloses payments for "DNC Radio." If this activity represents an offset for the receipt of in-kind services received from the DNC, please be advised that this activity must also be disclosed as a receipt(s).

The receipt of in-kind services should be reported on Schedule A supporting Line 12 of the Detailed Summary Page to properly disclose the federal share of the in-kind services. These receipts should not be aggregated together. Each entry should be itemized separately to disclose the provider of the in-kind services, date of the services, vendor and amount. The receipt of the non-federal share of the in-kind services should

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be reported on Schedule H3 and marked as "in-kind." Moreover, each entry should be reported separately to disclose the date and amount.

Please amend your report to properly disclose this activity or provide clarifying information regarding these payments on Schedule H4.

-On Schedule H4 supporting Line 21(a) of the Detailed Summary Page, you have not included the full name and/or mailing address for the vendor(s) listed. Please amend your report accordingly.

-Itemized disbursements must include a brief statement or description of why the disbursements were made. Please amend Schedule(s) H4 of your report to clarify the following description(s): "Consulting", "Broadcasting", "NVRA Application", "Communication", and "Consulting services". For further guidance regarding acceptable purposes of disbursements, please refer to 11 CFR §104.3(b)(3).

-Schedule A supporting Line 11(c) discloses a transfer(s)-in from the Democratic Congressional Campaign Committee and the Democratic National Committee. Schedules B and H4 supporting Lines 21(b) and 21(a) reflect payments for "Signs", "Button", "Group Sign 100% Federal", "Billboards", and "Volunteer Cards". Please be advised that a state or local party committee may pay for campaign materials (such as bumper stickers) that are distributed by volunteers in connection with activity on behalf of the party's nominees in a general election. Payments for this type of activity are exempt from the definition of a contribution or expenditure if certain conditions are met. The conditions are that no public advertising may be used, including distribution by direct mail (mailings by a commercial vendor or from commercial lists); all funds used for the activity must be permitted under the Act; none of the funds used may have been designated for a particular candidate; and finally, payments for the activity may not be made from transfers-in from the national committee to specifically fund the activity. For further guidance, please refer to 11 CFR §100.7(b)(15) and (17) and to the Campaign Guide for Party Committees.

Please clarify the nature of the transfer(s)-in and subsequent payments for the aforementioned disbursement(s). If the activity disclosed on your report does not meet the definition of "exempt" activity as described above and if any portion of the expenditures were made on behalf of specifically identified candidates, that amount must be disclosed on Schedule B or F supporting Line 23 or 25 of the Detailed Summary Page as appropriate.

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-Please clarify all expenditures made for "Production", "Radio", "Advertisement", "Media", "Voter File - 100% Federal - Lauren Beth Gash", and "Mail Consultant - GASH" on Schedule(s) B and H4. If a portion or all of these expenditures were made on behalf of specifically identified federal candidates, this amount should be disclosed on Schedules B, E or F supporting Lines 23, 24 or 25 and include the amount, name, address and office sought by each candidate. 11 CFR §§104.3(b) and 106.1

-Please clarify all expenditures for "voter registration" and "get-out-the-vote". In addition, if any of the voter registration or get-out-the-vote activities referenced House or Senate candidates, they should be allocated accordingly, unless merely incidental to the overall activity. If a portion or all of these expenditures were made on behalf of federal candidates, they should be reported on Schedules B, E or F for Lines 23, 24 or 25 of the Detailed Summary Page, as appropriate.

-Schedule H4 discloses disbursements for DC Event, Printing FR event, Decatur Event, Event date 10/12/00, and Metro East Reception which are categorized as fundraising; however, Schedule H2 does not include the allocation ratios for this activity. Please amend Schedule H2 to disclose the omitted ratios.

-Schedule H4 of your report discloses lump sum payments to "Election Day Withdrawal" for payroll purposes; however, you have not itemized the individuals who receive payment. Each person who provided services to the committee must be identified if the payments made through the payroll account to the ultimate payee exceed \$200 in a calendar year. Please amend your report by providing the name, date, amount, and purpose for such payments as required by 11 CFR §102.9(b)(2)(i)(A).

-Schedule A of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(f) and 11 CFR §110.1(d) preclude a committee and its affiliates from receiving contributions from another political committee or person in excess of \$5,000 per calendar year.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with the clarifying information. If the contribution(s) you received exceeded the limits, you must seek retribution of the contribution pursuant to 11 CFR §110.1(k), transfer-out the amount in excess of \$5,000 to an account not used to influence federal

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elections or refund the excessive amount to the donor(s) in accordance with 11 CFR §103.3(b). In the best interest of your committee, all reattributions, transfers-out, and refunds should be made within sixty days of the treasurer's receipt of the contribution(s). In order to protect the donor's interests, the Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of granting written authorization for a reattribution or transfer-out to another account or receiving a refund.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. In addition, any reattributions should be reported as memo entries on Schedule A of the report covering the period during which the authorization for the reattribution is received. Any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report during which the transaction was made.

Although the Commission may take further legal action regarding the acceptance of an excessive contribution(s), prompt action by your committee to seek reattribution, transfer-out or refund the excessive amount will be taken into consideration.

-Your report disclosed certain categories of financial activity that have been reflected on the wrong lines of the Detailed Summary Page. Event refunds should be properly disclosed on a separate Schedule(s) A, supporting Line(s) 15 of the Detailed Summary Page. Please refer to the instructions contained on the forms to determine the proper categorization when preparing your next filing.

-You have received contributions from numerous entities, which appear to be unincorporated proprietorships or partnerships. Generally, these types of contributions are to be attributed to each person based on their percentage of ownership in the firm. Each person who has contributed in excess of \$200 since January 1 should be identified by name, address, occupation, name of employer, amount of contribution, and aggregate total on Schedule A. This information should be disclosed in the form of memo entries beneath an entry showing the total contributed by the firm, along with the address of the firm (sample information attached). 11 CFR §110.1(k)

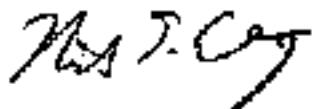
A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days

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of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,



Nicholas T. Ebinger
Reports Analyst
Reports Analysis Division

SCHEDULE B		ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	68 / 145 FOR LINE NUMBER 29
<p>Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.</p> <p>NAME OF COMMITTEE (in Full) DEMOCRATIC PARTY OF ILLINOIS</p>					
Full Name, Mailing Address, and ZIP Code Democratic Party of Illinois-Non-Federal Account P.O. Box 518 Springfield IL 62705		Purpose of Disbursement Reallocation transfer to pay 80% printing & postage/organ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	Amount of Each Disbursement This Period 2050.51
Full Name, Mailing Address, and ZIP Code Democratic Party of Illinois-Non-Federal Account P.O. Box 518 Springfield IL 62705		Purpose of Disbursement Reallocation transfer to pay 80% printing & postage/organ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	Amount of Each Disbursement This Period 1875.65
<p>SUBTOTALS of Disbursements This Page (Optional)</p> <p>TOTALS This Period (last page this line number only) 4535.36</p>					

SCHEDULE A**ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of collecting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
DEMOCRATIC PARTY OF ILLINOIS

Full Name, Mailing Address, and ZIP Code Friends of Denise Kathleen Filan Evergreen Park IL 60805	Name of Employer Occupation	Date (month, day, year) 11/17/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2000.00		
Full Name, Mailing Address, and ZIP Code Friends of Kathleen Theresa Meany 10847 S. Waukegan Avenue Chicago IL 60668-1720	Name of Employer Occupation	Date (month, day, year) 10/22/2000	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 150.00		
Full Name, Mailing Address, and ZIP Code Friends of Matt Malucci P.O. Box 1200 Collinsville IL 62234	Name of Employer Occupation	Date (month, day, year) 11/09/2000	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 150.00		
Full Name, Mailing Address, and ZIP Code Fulton County Democratic Central Committee P. O. Box 388 Carrollton IL 61520	Name of Employer Occupation	Date (month, day, year) 10/29/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Hansen for Alderman Committee 3455 North Greenwich Avenue Chicago IL 60657	Name of Employer Occupation	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Leadership for Today & Tomorrow-LTT P.O. Box 26841 Los Angeles CA 90028	Name of Employer Occupation	Date (month, day, year) 10/27/2000	Amount of Each Receipt this Period 5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5000.00		
Full Name, Mailing Address, and ZIP Code Uptight for Congress Committee 6242 W. 59th Street Chicago IL 60634	Name of Employer Occupation	Date (month, day, year) 11/08/2000	Amount of Each Receipt this Period 5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 15000.00		

SUBTOTALS of Receipts This Page (Optional)**TOTALS This Period (last page this line number only)**

SCHEDULE A**ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
DEMOCRATIC PARTY OF ILLINOIS

Full Name, Mailing Address, and ZIP Code Schukowsky for Congress 1101 Ridge Avenue		Name of Employer	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 5000.00
Benton IL 60202-1221		Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 10000.00		
Full Name, Mailing Address, and ZIP Code Tazewell County Democratic Central Committee P.O. Box 34		Name of Employer	Date (month, day, year) 10/23/2000	Amount of Each Receipt this Period 100.00
Pekin IL 61554		Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code The 20th District Florida PAC P.O. Box 816621		Name of Employer	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 5000.00
Hollywood FL 33061		Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 5000.00		
Full Name, Mailing Address, and ZIP Code United Food and Commercial Workers PAC 1775 K Street N.W.		Name of Employer	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 5000.00
Washington DC 20006-1586		Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 5000.00		
Full Name, Mailing Address, and ZIP Code United Mine Workers of America COMPAC vol.Account 8315 Lee Highway		Name of Employer	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period 5000.00
Fairfax VA 22031-2215		Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 5000.00		

SUBTOTALS of Receipts This Page (Optional)**TOTALS This Period (last page this line number only)****1079540.61**

SCHEDULE A**ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
DEMOCRATIC PARTY OF ILLINOIS

Full Name, Mailing Address, and ZIP Code Gutierrez for Congress Chicago IL 60622	Name of Employer Occupation	Date (month, day, year) 08/30/2000	Amount of Each Receipt this Period 10000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 10000.00		
Full Name, Mailing Address, and ZIP Code I.A.T.S.E. Political Action Fund 1515 Broadway Room 601 New York NY 10036	Name of Employer Occupation	Date (month, day, year) 09/14/2000	Amount of Each Receipt this Period 2500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2500.00		
Full Name, Mailing Address, and ZIP Code I.B.E.W. C.O.P.E. 1125 15th Street N.W. Washington DC 20005	Name of Employer Occupation	Date (month, day, year) 09/24/2000	Amount of Each Receipt this Period 5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5000.00		
Full Name, Mailing Address, and ZIP Code Ironworkers Political Action League 1750 New York Avenue N.W. Washington DC 20006	Name of Employer Occupation	Date (month, day, year) 09/19/2000	Amount of Each Receipt this Period 6000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 6000.00		
Full Name, Mailing Address, and ZIP Code Lipinski for Congress Committee 6242 W. 68th Street Chicago IL 60636	Name of Employer Occupation	Date (month, day, year) 08/30/2000	Amount of Each Receipt this Period 6000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 6000.00		
Full Name, Mailing Address, and ZIP Code Uphold for Congress Committee 6242 W. 68th Street Chicago IL 60636	Name of Employer Occupation	Date (month, day, year) 08/30/2000	Amount of Each Receipt this Period 6000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 6000.00		
Full Name, Mailing Address, and ZIP Code PAC To the Future 268 Bush Street San Francisco CA 94104	Name of Employer Occupation	Date (month, day, year) 09/21/2000	Amount of Each Receipt this Period 5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5000.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER
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NAME OF COMMITTEE (In Full)

10TH CONGRESSIONAL DISTRICT VICTORY FUND-FEDERAL

A. Full Name, Mailing Address and ZIP Code HOWARD W. CARROLL CAMPAIGN FUND 47 W. POLK, STE 300 CHICAGO, IL 60605	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 9-23-00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code PAC TO THE FUTURE PMB 3230, 248 BUSH ST. SAN FRANCISCO, CA 94104	Name of Employer Occupation Aggregate Year-to-Date > \$ 5000.00	Date (month, day, year) 9-8-00	Amount of Each Receipt this Period 5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code SCHAKOWSKY FOR CONGRESS 161 RIDGE AVE. EVANSTON, IL 60202	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 9-2-00	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
H. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) _____

6500.00

TOTAL This Period (last page this line number only) _____

6500.00

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NAME OF COMMITTEE (In Full)
DEMOCRATIC PARTY OF ILLINOIS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Phelps for Congress 225 Jacob		08/30/2000	10000.00
Eldorado IL 62930	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 10000.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Philip Novak Campaign Fund 1317 Maria Terrace		09/19/2000	900.00
Bradley IL 60015	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 900.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Prairie PAC P.O. Box 2002		09/14/2000	5000.00
Springfield IL 62706	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5000.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Schakowsky for Congress 1101 Ridge Avenue		09/20/2000	6000.00
Evanston IL 60202-1231	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 6000.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sheet Metal Workers Int. Assn. RelEd. 1250 New York Avenue N.W.		08/28/2000	5000.00
Washington DC 20008	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5000.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
The Hartford Advocates Fund Hartford Plaza		08/30/2000	500.00
Hartford CT 06115	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
The NEA Fund for Children & Public Education 1201 18th Street		08/21/2000	6000.00
Washington DC 20036	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 6000.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A**ITEMIZED RECEIPTS**

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FOR LINE NUMBER
11A1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
DEMOCRATIC PARTY OF ILLINOIS

Full Name, Mailing Address, and ZIP Code Mariene Butler 7509 S. Trumbull Chicago IL 60652		Name of Employer Self-Employed	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Case Management Nurse	Aggregate Year-to-Date > \$ 5000.00	
Full Name, Mailing Address, and ZIP Code Michael Leo Butler 7509 S. Trumbull Chicago IL 60652		Name of Employer Self-Employed	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Traffic Engineer	Aggregate Year-to-Date > \$ 5000.00	
Full Name, Mailing Address, and ZIP Code Lance Callis P.O.Box 1326 Granite City IL 62040		Name of Employer	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 1000.00	
Full Name, Mailing Address, and ZIP Code Lance Callis P.O.Box 1326 Granite City IL 62040		Name of Employer	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 6000.00	
Full Name, Mailing Address, and ZIP Code Larry A. Calvo 12 Pembroke Court Glen Carbon IL 62034		Name of Employer	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 1000.00 Metro East
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 1000.00	
Full Name, Mailing Address, and ZIP Code Daniel F. Capron 9352 S. Bell Chicago IL 60620		Name of Employer	Date (month, day, year) 10/29/2000	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 300.00	
Full Name, Mailing Address, and ZIP Code Jon G. Carlson 588 Innsbrook Estates 1 Eagle Ct. Edwardsville IL 62025		Name of Employer	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 2000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 2000.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A**ITEMIZED RECEIPTS**

Use separate schedule(s)
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
DEMOCRATIC PARTY OF ILLINOIS

Full Name, Mailing Address, and ZIP Code Michael Mackey 30 E. Huron Street Chicago IL 60611-4729		Name of Employer Occupation Aggregate Year-to-Date > \$ 5000.00	Date (month, day, year) 10/21/2000	Amount of Each Receipt this Period 5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):				
Full Name, Mailing Address, and ZIP Code Claudia Medding 15 Oak Ridge Drive Decatur IL 62521		Name of Employer Archer Daniels Midland Company Occupation Business Executive Aggregate Year-to-Date > \$ 5000.00	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):				
Full Name, Mailing Address, and ZIP Code Eric W. Mah 229 Linden Wheaton IL		Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):				
Full Name, Mailing Address, and ZIP Code Kimberly Maher 2212 Woodland Avenue Park Ridge IL 60068		Name of Employer Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):				
Full Name, Mailing Address, and ZIP Code Philip F. Maher 6311 N. Lenda Chicago IL 60646		Name of Employer Occupation Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 11/16/2000	Amount of Each Receipt this Period 2000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):				
Full Name, Mailing Address, and ZIP Code Daniel Maher 853 N. Elston Chicago IL 60622		Name of Employer Occupation Attorney Aggregate Year-to-Date > \$ 6000.00	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):				
Full Name, Mailing Address, and ZIP Code Lavonna Malone P.O. Box 50 Marion IL 61754		Name of Employer Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):				
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A**ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
DEMOCRATIC PARTY OF ILLINOIS

Full Name, Mailing Address, and ZIP Code Michael S. Hunsicker 112 Lamontane Lane Bellefontaine IL 62223	Name of Employer Occupation	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 600.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code John G. Jacobs 115 S. Michigan Avenue Chicago IL 60603	Name of Employer Plattkin, Jacobs & Orlofsky Occupation Attorney	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Tracy Johnson 382 Overlook Drive Edwardsville IL 62025	Name of Employer Occupation	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Jernish Joyce 1443 W. Harrison Street Chicago IL 60607	Name of Employer Cook County States Attorney Occupation Assistant to the States Attorney	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 1500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1500.00		
Full Name, Mailing Address, and ZIP Code L. Thomas Lakin 287 Oakley Place East Alton IL 62024-1865	Name of Employer Lakin Law Firm Occupation Attorney	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 3000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 3000.00		
Full Name, Mailing Address, and ZIP Code Todd Logan 345 Elder Lane Winnipeg IL 60093-4204	Name of Employer Self-employed Occupation Investments	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 2500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2500.00		
Full Name, Mailing Address, and ZIP Code Daniel Mahru 853 N. Elston Chicago IL 60622	Name of Employer Occupation Attorney	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A**ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)
DEMOCRATIC PARTY OF ILLINOIS

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James McGing 2 N. LaSalle Street Chicago IL 60602		10/21/2000	\$5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 6760.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bridgid M. McGrath 1933 N. Fremont Chicago IL 60614	State of IL	10/25/2000	\$300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Judge		
	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William McGuffage 1360 N. Lakeshore Drive Chicago IL 60610	William F. Hart, Ltd.	10/27/2000	\$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Attorney		
	Aggregate Year-to-Date > \$ 350.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John J. McHugh 531 Kenilworth Avenue Kenilworth IL 60043		10/21/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen J. McMullen 212 W. Washington Chicago IL 60606		10/25/2000	\$676.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 676.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kara McNamara 9613 S. Hoyne Avenue Chicago IL 60543		11/03/2000	\$5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 5000.00		
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James McPike 819 Maley Athen IL 62202		10/25/2000	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 1000.00		
TOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)
DEMOCRATIC PARTY OF ILLINOIS

Full Name, Mailing Address, and ZIP Code Chicago IL 60610 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Lipscomb & Yuknis Occupation Attorney Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 09/19/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Andrew Marzal 9100 W. 174th Street Tinley Park IL 60477 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Gwen Ruffalo and Marzal Occupation Attorney Aggregate Year-to-Date > \$ 900.00	Date (month, day, year) 09/19/2000	Amount of Each Receipt this Period 900.00
Full Name, Mailing Address, and ZIP Code Gordon John Mazzotti 3018 Lincoln Trail Taylorville IL 62568 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Rena's Drug Store Occupation Pharmacist Aggregate Year-to-Date > \$ 2400.00	Date (month, day, year) 09/19/2000	Amount of Each Receipt this Period 1200.00
Full Name, Mailing Address, and ZIP Code James McGing 2 N. LaSalle Street Chicago IL 60602 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Miller Pennochi and McGing Occupation Attorney Aggregate Year-to-Date > \$ 750.00	Date (month, day, year) 09/19/2000	Amount of Each Receipt this Period 750.00
Full Name, Mailing Address, and ZIP Code William V. Nagy 705 Shoreline Road Barrington IL 60010 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer E.W. Cetigan Construction Company Occupation Owner Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/19/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Michael O'Malley 105 N. Harbor Drive Chicago IL 60601 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer James L. Coghlan Occupation Attorney Aggregate Year-to-Date > \$ 3000.00	Date (month, day, year) 09/19/2000	Amount of Each Receipt this Period 3000.00
Full Name, Mailing Address, and ZIP Code Ronald Rydell 2120 Timbercrest Springfield IL 62702 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Glen Winnig Cohen & Bodewes Occupation Attorney Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 09/19/2000	Amount of Each Receipt this Period 300.00
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	39 / 145 FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) DEMOCRATIC PARTY OF ILLINOIS					
Full Name, Mailing Address, and ZIP Code Susan Orenius 1000 Maple Street		Name of Employer Praxine Material Sales		Date (month, day, year) 10/23/2000	Amount of Each Receipt this Period \$000.00
Western Springs IL 60568		Occupation Administrative Assistant			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 5000.00			
Full Name, Mailing Address, and ZIP Code James E. Orr 1880 N. LaSalle Street		Name of Employer		Date (month, day, year) 11/08/2000	Amount of Each Receipt this Period 1000.00
Chicago IL 60614-6036		Occupation			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code Ronald E. Osman 102 Elm Street		Name of Employer M & R Teeling Company		Date (month, day, year) 11/08/2000	Amount of Each Receipt this Period 1000.00
Dongola IL 62920		Occupation			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code James L. Pandolfi 2221 Camden Court		Name of Employer Pandolfi, Topolski, Vives & Co., Ltd.		Date (month, day, year) 10/27/2000	Amount of Each Receipt this Period 1000.00
Oak Brook IL 60521		Occupation Accountant/Management Consultant			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code John T. Papa 1328 Niedringhaus Avenue		Name of Employer Callis, Papa, Jackstad & Holloran		Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 1000.00
Granite City IL 62040		Occupation Lawyer			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code John T. Papa 1328 Niedringhaus Avenue		Name of Employer Callis, Papa, Jackstad & Holloran		Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period \$000.00
Granite City IL 62040		Occupation Lawyer			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 6000.00			
Full Name, Mailing Address, and ZIP Code Dan G. Perrier 5704 W. 89th Street		Name of Employer Cook County		Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period \$00.00
Oak Lawn IL 60453		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A**ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
DEMOCRATIC PARTY OF ILLINOIS

Full Name, Mailing Address, and ZIP Code Western Springs IL 60556	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10/23/2000	Amount of Each Receipt this Period 5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Full Name, Mailing Address, and ZIP Code James E. Orr 1880 N. LaSalle Street Chicago IL 60614-2036	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 11/08/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Full Name, Mailing Address, and ZIP Code Ronald E. O'neill 102 Elm Street Dongola IL 62926	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 11/08/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Full Name, Mailing Address, and ZIP Code James L. Pandolfi 2221 Camden Court Oak Brook IL 60521	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10/27/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Full Name, Mailing Address, and ZIP Code John T. Papa 1326 Niedringhaus Avenue Granite City IL 62040	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10/24/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Full Name, Mailing Address, and ZIP Code John T. Papa 1326 Niedringhaus Avenue Granite City IL 62040	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Full Name, Mailing Address, and ZIP Code Dan G. Painter 5704 W. 60th Street Oak Lawn IL 60453	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 600.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A**ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)
DEMOCRATIC PARTY OF ILLINOIS

Full Name, Mailing Address, and ZIP Code Caesar A. Tabet 2352 Ashland Avenue Evanston IL 60201		Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 11/06/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):				
Full Name, Mailing Address, and ZIP Code Stephen Tillary 701 Market Street St. Louis MO 63101		Name of Employer Occupation Aggregate Year-to-Date > \$ 3750.00	Date (month, day, year) 11/07/2000	Amount of Each Receipt this Period 3750.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):				
Full Name, Mailing Address, and ZIP Code Salvatore P. Tola 3650 N. Lake Shore Drive Chicago IL 60615		Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 11/08/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):				
Full Name, Mailing Address, and ZIP Code Nancy Tom 3750 Lake Shore Drive Chicago IL 60615		Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 11/08/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):				
Full Name, Mailing Address, and ZIP Code Chiye Tomihira 2100 Lincoln Parkway Chicago IL 60614-4648		Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 11/08/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):				
Full Name, Mailing Address, and ZIP Code Stephen J. Topobald 84 Madeline Circle Schaumburg IL 60173-6573		Name of Employer Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 10/27/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):				
Full Name, mailing Address, and ZIP Code Timothy Touhy 180 N. LaSalle Street Chicago IL 60601		Name of Employer Occupation Aggregate Year-to-Date > \$ 5000.00	Date (month, day, year) 11/03/2000	Amount of Each Receipt this Period 5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):				

SUBTOTALS of Receipts This Page (Optional)

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NAME OF COMMITTEE (In Full)
DEMOCRATIC PARTY OF ILLINOIS

Full Name, Mailing Address, and ZIP Code James L. Terman 101 Belle Lane Highland Park IL 60033	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Full Name, Mailing Address, and ZIP Code Jessie Thomas 8540 S. Vernon Avenue Chicago IL 60619	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Full Name, Mailing Address, and ZIP Code Timothy Touhy 180 N. LaSalle Street Chicago IL 60601	Name of Employer Occupation Aggregate Year-to-Date > \$ 5000.00	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Full Name, Mailing Address, and ZIP Code Dampey J. Travis 840 E. 87th Street Chicago IL 60619	Name of Employer Occupation Aggregate Year-to-Date > \$ 5000.00	Date (month, day, year) 10/13/2000	Amount of Each Receipt this Period 5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Full Name, Mailing Address, and ZIP Code John and Jane Trump 915 Fairlawn Avenue Libertyville IL 60048	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 10/18/2000 Contribution over 100.00 from Gordon & Schenkmeier	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Full Name, Mailing Address, and ZIP Code James C. Tyree 1254 N. Lake Shore Drive Chicago IL 60610	Name of Employer Occupation Aggregate Year-to-Date > \$ 5000.00	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Full Name, Mailing Address, and ZIP Code Steve Wakeman 7220 N. Benjamin Court Pheon IL 61614	Name of Employer Occupation Aggregate Year-to-Date > \$ 333.34	Date (month, day, year) 10/12/2000	Amount of Each Receipt this Period 333.34
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

5. Reporting Partnership Contributions

Included in Total Figure

Partnership contributions are included in the total figure reported for "contributions from individuals/persons other than political committees" on the Detailed Summary Page of Form 3X.

Itemization

If a partnership contribution exceeds \$200 or aggregates over \$200 during a calendar year, the committee must itemize the contribution on a Schedule A used for "Contributions from Individuals/Persons Other Than Political Committees" (Line 116(l)).

Additionally, if an individual partner's share of the contribution exceeds \$200 when combined with other contributions received from that partner in the same calendar year, the committee must disclose, as a memo entry, itemized information on the partner (name, address, occupation, date contribution received, partner's share of contribution and aggregate year-to-date total of contributions made by that partner). 104.8 and 110.1(e).

In-Kind Contributions

A committee reports the value of an in-kind contribution from a partnership in the same way it reports a monetary contribution. In addition, as with all in-kind contributions, the committee must report the value of the in-kind contribution as an operating expenditure. Moreover, an in-kind contribution itemized on Schedule A must also be itemized on a Schedule B for operating expenditures. 104.13 and 110.1(e). (See page 31.) However, any information about a partner itemized as a memo entry on Schedule A does not have to be reported on Schedule B.

6. Partnership Contribution Plans

In several advisory opinions (AOs), the Commission has said that a partnership may set up an internal plan to facilitate contributions from individual partners or the partnership as a whole to candidates or political committees (other than a non-

PARTNERSHIP CONTRIBUTIONS

SCHEDULE A CONTRIBUTIONS FROM INDIVIDUALS		ITEMIZED RECEIPTS CONTRIBUTIONS FROM INDIVIDUALS	
Any information reported from your Report and Statement may not be held in trust by the FEC for the purpose of following contributions or for nonpolitical purposes. Other than using the name and address of any political committee to which contributions are made, do not			
Name of Committee or PAC State Party Committee			
A. Full Name, Mailing Address and ZIP Code Howard, Fein & Howard 4568 Staples Street City, State ZIP		Name of business partner/partner Occupation Aggregate Year-to-Date > \$ 750.00	Date paid or sent 8/14/96 Amount (in Amount (in \$750.00 MEMO
<input type="checkbox"/> Check here if you are reporting contributions from a political committee.			
B. Full Name, Mailing Address and ZIP Code Curly Howard 91 Landau Street City, State ZIP		Name of business See above Occupation plumber Aggregate Year-to-Date > \$ 250.00	Date paid or sent 8/14/96 Amount (in Amount (in \$250.00 MEMO
<input type="checkbox"/> Check here if you are reporting contributions from a political committee.			
C. Full Name, Mailing Address and ZIP Code Larry Fine 128 Carriage Circle City, State ZIP		Name of business See above Occupation painter Aggregate Year-to-Date > \$ 250.00	Date paid or sent 8/14/96 Amount (in Amount (in \$250.00 MEMO
<input type="checkbox"/> Check here if you are reporting contributions from a political committee.			
D. Full Name, Mailing Address and ZIP Code Moe Howard 47 Told Avenue City, State ZIP		Name of business See above Occupation electrician Aggregate Year-to-Date > \$ 250.00	Date paid or sent 8/14/96 Amount (in Amount (in \$250.00 MEMO
<input type="checkbox"/> Check here if you are reporting contributions from a political committee.			

connected committee sponsored by the firm—see below). Incidental expenses incurred to administer such plans do not trigger a requirement, on the part of the firm, to register as a political committee. See AOs 1984-18, 1982-13, 1981-50 and 1980-72 for more information.

7. Partnership PACs

A partnership may form its own political committee (a nonconnected committee) which, in turn, may make contributions to a party committee, subject to the \$5,000 per year limit. In this case, any administrative and solicitation costs paid by the partnership on behalf of its committee count as in-kind contributions to the committee.

